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MAY 17 2016

U.S. DISTRICT COURT
MID. DIST. TENN.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE

Nashville DIVISION

Jonathan Salada.

(Name)

(Prison Id. No.)

(Name)

(Prison Id. No.)

Plaintiff(s)

v.

Putnam County Sheriff's Dept.

(Name)

Sgt. Jamie Emmerton

(Name)

Defendant(s)

(List the names of all the plaintiffs filing
this lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

Civil Action No. _____
(To be assigned by the Clerk's Office.
Do not write in this space.)

JURY TRIAL REQUESTED ___ YES ___ NO

(List the names of all defendants
against whom you are filing this
lawsuit. Do you use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED
PURSUANT TO 42 U.S.C. § 1983

I. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: Jonathan Salada.
Prison I.D. No. of the first plaintiff: _____
Address of the first plaintiff: 421 E. Spring St.
Cookeville TN, 38501

Status of Plaintiff: CONVICTED (☒) PRETRIAL DETAINEE (___)

2. Name of the second plaintiff: _____
Prison I.D. No. of the second plaintiff: _____
Address of the second plaintiff: _____

Status of Plaintiff: CONVICTED (___) PRETRIAL DETAINEE (___)

(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: SGT. Jamie Emmerton
 Place of employment of the first defendant: 421 E. Spring St.
Cookeville TN (Putnam County Sheriff's Dept)
 First defendant's address: 421 E. Spring St. Cookeville
TN, 38501

Named in official capacity? ☐ Yes ☐ No
 Named in individual capacity? ☒ Yes ☐ No

2. Name of the second defendant: Putnam County Sheriff's Dept.
 Place of employment of the second defendant: Putnam Co. Justice
Center.
 Second defendant's address: 421 E. Spring St.
Cookeville TN, 38501

Named in official capacity? ☒ Yes ☐ No
 Named in individual capacity? ☐ Yes ☐ No

(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)

II. JURISDICTION

- A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners).
 Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

IV. EXHAUSTION

A. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

B. If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain. _____

N/A

C. Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?

☐ Yes ☒ No

(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)

D. Have you presented these facts to the prison authorities through the state grievance procedure? ☐ Yes ☒ No

E. If you checked the box marked "Yes" in question III.D above:

1. What steps did you take? ASK the officer to turn the water back on.

2. What was the response of prison authorities? Laughed and walked away.

F. If you checked the box marked "No" in question IV.D above, explain why not.

Because I was put on P/c and have very limited access too the kiosk we file Grievances on.

G. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)? ☒ Yes ☐ No

H. If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility? ☐ Yes ☒ No

I. If you checked the box marked "Yes" in question III.H above:

1. What steps did you take? N/A

2. What was the response of the authorities who run the detention facility? _____

Nothing

J. If you checked the box marked "No" in question IV.H above, explain why not. _____

Because I'm on ADMIN P/C I don't get out my cell but only 1hr a day. And they have never done anything before

V. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

Cruel and Inhumane treatment. Denied Access to proper medical Attention.

VI. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ inch x 11 inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

On April 23rd the entire unit was Dry Celled for No reason by SGT. Jamie Emmerton. For a total of 6hrs. This violates I.C.I. And Also violates my Constitutional rights too water and fresh Air. I had No drinking water or a way too flush my toilet. This Also violates health and Safety Codes. There was waste in the toilet. but the fact I had No way to get drinking water for 6hrs. Is the Complaint. Furthermore. SGT. Jamie Emmerton was Asked to Please turn on the water and Just laughed and said Sure and walked Away. Other officers were asked Also and They said it was up too the SGT. I was stuck in a cell with out water or working toilet. Because some inmates were yelling through their doors. he did this as punishment

Complaint #2

Denied Access to Proper Medical Attention:

The Jail currently has me lockdown 23 Hrs a day. I'm a type 1 Diabetic and require exercise of my legs. This is not able to be done on lockdown.

My standard of living has diminished over the past 8 months via inadequate medical treatment and the jail's neglect to have qualified medical staff to suit my needs. It took 6 months to get my first A1C here in jail, this blood test needs to be done EVERY 3 months (very important). My eyesight is diminishing (told medical staff Debbie) and nothing has been done. My blood sugar is constantly low and when I request for medical attention it usually takes hours for a reply, sometimes none at all. I rely on an untrained staff, mostly interns. The meals are inadequate for a diabetic. I don't believe they have a trained / licensed Dietician on staff to regulate my sugar / Carbohydrate intake. I came to jail w/ a kidney infection, paid for treatment & did not receive my full dose of medication. I also reported chest pains early on and was ignored (nurse Debbie). The Doctor also ignored my chest pains on a later date. I developed bumps on my penis while being in Jail. The Doctor identified the 2-3 Bumps as Genital warts and proceeded to tell me that he could NOT treat me. 2-3 bumps has turned into over 10. As I sit here withering away I think about how I am only 24 years old and how my health is so poor for being so young. Could this inadequate treatment be because the counties need to save money? If my needs cannot be met I require that I be sent to prison where I can recover & sustain a healthy lifestyle.

VII. **RELIEF REQUESTED:** State exactly what you want the Court to order each defendant to do for you.

I want Sgt. Jamie Emmerton Reprimanded. I would
Also like to be compensated for the treatment. I'm a human
being. I treat my dog better.

I request a jury trial.

☒ Yes

☐ No

VIII. **CERTIFICATION**

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: John Salada Date: _____

Prison Id. No. 114743

Address (Include the city, state and zip code.): 421 E. Spring St.
Cookeville TN. 38501

Signature: _____ Date: _____

Prison Id. No. _____

Address (Include the city, state and zip code.): _____

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information requested above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER.

Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.